



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

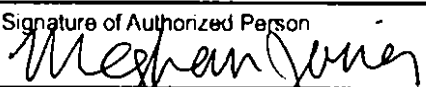
Annual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001667684		2. Exact name of the Limited Liability Company Xcaliber International, Ltd., L.L.C.			
3. NAICS Code 312230		4. Brief description of the character of business conducted in Rhode Island Xcaliber manufactures cigarettes and other tobacco products for sale to licensed wholesalers and distributors.			
5. State of Formation Oklahoma					
6. Principal Office Address 1 Tobacco Road		City Pryor		State OK	Zip 74361
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Meghan Joiner			Contact Title Associate General Counsel		
Street Address 1 Tobacco Road		City Pryor		State OK	Zip 74361
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Lee I. Levinson			Manager Name Bruce M. Taylor		
Street Address 6911 S Gary Avenue			Street Address 6 Lagomar Road		
City Tulsa	State OK	Zip 74136	City Palm Beach	State FL	Zip 33480
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Meghan Joiner				Date 9/8/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 12 2017

BY

48133 DS

FORM 632 - Revised: 08/2017